## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10802115

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                                       |                                       |                  |            | SMALL ENTITY TYPE  |                        |                | OTHER THAN<br>SMALL ENTITY |                        |
|--|--|---|--------------|---------------------------------------|---------------------------------------|------------------|------------|--------------------|------------------------|----------------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   |              | 36                                    |                                       |                  |            | RATE               | FEE                    | 7              | RATE                       | FEE                    |
|  | OR   |   | NUMBER FILED |                                       | NUMBER EXTRA                          |                  | ]          | BASIC FEI          | 385.00                 | OR             | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 36 m         | 36 minus 20=                          |                                       | * 16             |            | X\$ 9=             | 144                    | OR             | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =  |                                       | *                                     |                  |            | X43=               |                        | OR             | X86=                       |                        |
| L  | IULTIPLE DEPE  | ENDENT CLAIM I                            | PRESENT      | RESENT                                |                                       |                  |            | +145=              |                        | OR             |                            |                        |
| *  | * If the difference in column 1 is less than zero, enter "0" in column 2         |   |              |                                       |                                       |                  | , L        | TOTAL              | 529                    |                | L                          | <del> </del>           |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                     |   |              |                                       |                                       |                  |            | SMALL              |                        | <b>⊶</b><br>OR | OTHER<br>SMALL             |                        |
| Г  | <del></del>  | (Column 2) (Column 3                      |              | (Column 3)                            | 1                                     |                  |            | <b>-1</b> On       | JWALL                  |                |                            |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIO<br>PAID F              | IER<br>USLY                           | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE | -              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                    |                                       | = .              |            | X\$ 9=             |                        | OR             | X\$18=                     |                        |
| AME  | Independent  | <u> </u> *                                | Minus        | ***                                   | · · · · · · · · · · · · · · · · · · · | =                |            | X43=               |                        | OR             | X86=                       |                        |
| L`   | TFIRST PRESE   | ENTATION OF M                             | ULTIPLE DE   | PENDENT                               | CLAIM                                 |                  | J          | +145=              |                        | OR             | +290=                      |                        |
|  | • • •  |   |              |                                       |                                       |                  | <b>L</b> . | TOTAL<br>DDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE        | ·                      |
|  | (Column 1) (Column 2) (Column 3)   |   |              |                                       |                                       |                  |            |                    | ·                      | 4              |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F   | ST<br>ER<br>JSLY:                     | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                    |                                       | = .              |            | X\$ 9=             |                        | OR             | X\$18=                     | ,                      |
| AME  | Independent  | *   | Minus        | ***                                   |                                       | =                |            | X43=               |                        | OR             | X86=                       |                        |
| <del>-</del> -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |              |                                       |                                       |                  | -          | =                  |                        | 1 1            |                            |                        |
|  |  |   |              |                                       |                                       |                  | L          | +145=              |                        | OR             | +290=                      |                        |
|  |  |   |              |                                       |                                       |                  | AC         | TOTAL<br>ODIT. FEE |                        | OR ,           | TOTAL<br>ADDIT. FEE        |                        |
| ,  |  | (Column 1)                                |              | (Columr                               |                                       | (Column 3)       |            |                    |                        |                |                            |                        |
| AMENDIMENI C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>ISLY                             | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
| 2  | Total  | *   | Minus        | **                                    |                                       | =                |            | X\$ 9=             |                        | OR             | X\$18=                     |                        |
| II I   | Independent  |   | Minus        | ***                                   |                                       | =                |            | X43=               |                        | OR             | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |              |                                       |                                       |                  | -          |                    |                        | OH -           |                            |                        |
| <b>•</b> 11  | the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |                                       |                                       |                  |            |                    |                        | OR             | +290=                      |                        |
| ** If  | the "Highest Nurr  | TOTAL<br>DIT. FEE                         |              | OR A                                  | TOTAL<br>DDIT. FEE                    |                  |            |                    |                        |                |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                       |                                       |                  |            |                    |                        |                |                            | 1                      |